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SECOND EDITION

OF THE

Morbid Anatomy

OF

THE BRAIN,

IN

TYPHOUS OR BRAIN-FEVER,

TO WHICH ARE ADDED,

CASES OF THE PRESENT EPIDEMIC,

WITH

A few Remarks on its Nature,

AND

MODE OF TREATMENT.

BY

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AND

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INTRODUCTION.

How far, the following observations on the Morbid Anatomy of the Brain, in Typhous or Brain-Fever, are applicable to the prevailing Epidemic :—whether it has been marked by any peculiar or characteristic symptoms, are points, which, during the course of a somewhat extensive practice in this fever, I have been anxious to ascertain.

I now subjoin a short account of several cases of the disorder which came under my care, the consideration of which, may, perhaps, assist us in forming some conclusion on the subject.

PREFACE.

WHILE an Epidemic Typhus, fatal, especially among the higher orders, spreads general alarm in several parts of this country, whatever throws light on the nature of that disorder cannot fail to interest the public mind.

In a work, written expressly on the subject of Fever, I proposed venesection and evacuants as the best remedies in Typhus, and gave numerous cases, from my private as well as public Practice, in which these remedies were used with advantage.

This mode of treatment has since received the sanction of Practitioners of eminence; while

others, without adopting it themselves, have been disposed to allow, that it is not attended with any injurious consequences.

But, besides my own experience and that of others, I think it proper to appeal to a test, no less decisive, as to the merits of any practice—the morbid changes which appear in the bodies of the dead—an examination of these changes, as Doctor Baillie, in his Morbid Anatomy observes, is calculated *to correct theories too hastily taken up about diseases.*

I recommended venesection, on the ground, that the disease, though attended with extreme debility, proceeded from inflammatory actions in the brain. If this be *a theory taken up hastily*, or from erroneous views of the subject, dissection will detect its errors; but, will, on the other hand, give it additional strength, if it be founded on just observation and in truth.

The following sheets present twelve cases of dissection, shewing the morbid appearances of the brain in typhus, or brain-fever.

THE

Morbid Anatomy

OF THE BRAIN

IN

TYPHOUS FEVER.

March, 1814.

MRS.——, AGED 32,—TOWNSHEND-STREET.

Of a melancholic temperament, and subject to a lowness of spirits.

Nine days ill of fever, caused by suppression of the menses and exposure to cold and wet.—Shivering, pain and fulness of the head, languor, loss of appetite and a soreness of the flesh and bones, ushered in the attack. The pulse was frequent, irregular and variable in strength; the skin was hot; there was delirium, throbbing of the tem-

ples, coma, deafness and hurried respiration; there were involuntary dejections; the body was covered with petechiæ, and there was a loss of speech and of the power of deglutition.

The patient died on the 15th day of the fever.

On Dissection, several distinct osseous tubercles were found along the line of the longitudinal sinus; the dura mater was highly vascular and adhered closely to the cranium; the veins of the pia mater were turgid, and, there was a considerable degree of arterial vascularity throughout this membrane, particularly at the posterior part; the arachnoid membrane was raised from the pia mater by a serous effusion, principally at the anterior portion of the brain.

On cutting into the substance of the cerebrum, it exhibited numerous red points, but the cortical part was somewhat paler than usual. The plexus choroides were more vascular than natural; about twelve drams of a watery fluid were found in the ventricles and at the base of the brain—The cerebellum was still more vascular than the cerebrum.

The right lobe of the Liver was rather darker and harder than usual, and the left was adherent to the diaphragm; but its substance, when cut into, was of a natural appearance. The pancreas was gristly, hardened and enlarged;—the right ovarium was altered in its structure, and when cut

into, exhibited matter of a cheesy consistence;—the left ovarium contained a large hydatid.

The thoracic viscera were healthy.

Mr. M'Namara, York-street, examined the body.

November, 1814.

MR. ———, AGED 42—BRIDE-STREET.

Of a full habit of body and phlegmatic temperament—subject to head-aches.

Complained of slight head-ach, shiverings, loss of appetite, debility and depression of spirits;—these symptoms were followed by restlessness, delirium, acute head-ach, heat of skin, sense of fulness and weight in the head, flushing of the face, suffusion of the eyes, a variable pulse, oppressed respiration, coma, petechiæ on the abdomen and shoulders, hiccup, difficult deglutition and involuntary dejections.

Death took place on the 11th day of the attack.

Mr. M'Namara, York-street, examined the body.

DISSECTION.

The dura mater adhered closely to the anterior inferior angle of the os parietale, and its vessels were turgid with

blood;—in the pia mater were numerous florid vessels, and its veins were filled with dark blood; a portion of coagulable lymph was discovered between the tunica arachnoidea and pia mater at the superior anterior portion of the cerebrum; a bone, about half an inch in length, a quarter in breadth, and an eighth in thickness, was found within the layers of the falx, between the anterior lobes of the brain; numerous red points were observed, on cutting through the substance of the brain; about three ounces of a serous fluid, tinged with blood, were found in the ventricles and at the base of the brain; the plexus choroides were pale. The thoracic and abdominal viscera were sound; The omentum was loaded with fat.

N. B. About seven years before the present attack of fever, this gentleman fell on his head, and was confined to his bed for some days, in a state of stupefaction.

Mr. Wright, Great Ship-street, examined the body.

March, 1815.

MR. ———, AGED 19—CAPEL-STREET,

Of a sanguine temperament, and of temperate habits.

The fever, in this instance, set in with shivering, headach, languor and soreness of the flesh; to these symptoms

succeeded restlessness, flushing of the face, acute pain of the head, delirium and epistaxis;—the pulse was frequent irregular and feeble; there were petechiæ upon the breast and abdomen; there was vertigo, subsultus tendinum, laborious respiration and dysuria.

The patient died on the 17th day of his illness.

DISSECTION.—April 4.

The dura mater was highly vascular:—on removing this membrane, the veins upon the surface of the brain were observed to be extremely turgid, especially towards the posterior part; and, between the dura and pia mater, upon the posterior portion of the right hemisphere, was found a table spoonful of dark-coloured grumous blood.

Coagulable lymph of a light yellow colour, which destroyed the convoluted appearance of the brain, was effused between the arachnoid membrane and the pia mater, covering the anterior portion of the right and left hemisphere.

On making a horizontal section of the substance of the brain, blood issued from many distinct points of the medullary substance.

The lateral ventricles were enlarged, and contained about five ounces of a watery fluid; the foramen between these ventricles was considerably enlarged.

The third and fourth ventricles were also distended with a watery fluid.

The arachnoid membrane, covering the spinal marrow, was separated from the pia mater, and, between these membranes was effused a serous fluid.

The coats of the stomach were thickened—otherwise healthy.

The intestines were inflated—the remaining abdominal viscera were sound. The pericardium contained about an ounce and a half of serous fluid; the heart was fat and flaccid; the lungs, on the right side, adhered to the diaphragm and mediastinum; their lobes adhered together but were of a healthy appearance.

The dissection was performed by Mr. M'Namara, York-Street.

March, 1815.

MISS ———, MONCK-PLACE.

Was suddenly seized, after violent exercise, with headach, shivering, vomiting, prostration of strength and pains in the back and loins;—next came on a feeling of weight

and distension accompanied by acute pain in the head; the pulse varied in strength, frequency and regularity; there was tinnitus aurium, the tongue was furred, the skin hot and dry, and the vision impaired; petechiæ appeared upon the breast and abdomen; there was restlessness, delirium and stupor; the head was drawn backwards, and the dejections were involuntary. To express what she suffered from her head, the patient made use of the words "boiling, burning, racking."

Death took place on the 13th day of the attack.

DISSECTION—16th March.

On removing the dura mater, the veins of the brain appeared turgid; the pia mater was of a whitish appearance, and was covered, in several parts, with coagulated lymph to which it apparently owed its color; on separating this membrane from the tunica arachnoidea a serous effusion was observable.

About three ounces of a serous fluid were found at the base of the cranium; this fluid was seen flowing from between the pia mater and the tunica arachnoidea, and seemed to have diffused itself more upon the left than the right hemisphere.

The Omentum was fatty and large.

The abdominal and thoracic viscera were sound.

Mr. Cusack, resident-surgeon of Stephens's hospital, examined the body.

October, 1815.

MISS ———, AGED 30,—PEMBROKE-QUAY.

This young lady was of a delicate constitution and had been subject to head-aches and palpitation.

The attack commenced with shivering, head-ach, soreness of the flesh and general pains.—On the tenth day, when I first saw her, I was struck by the lurid appearance of her countenance—she had a difficulty in speaking and swallowing; her temples throbbed; she complained of a dull weight or pain, chiefly in the back of the head, and could not bear the light. The lurid appearance of the countenance became more remarkable on the following days, and was attended with a vacant stare; there was a tremor of the hands, a dull weight in the arms, delirium, and the excretions were involuntary.

On the 15th day of th efever, death took place.

DISSECTION—Oct. 31.

The dura mater was much more vascular than usual—the veins on the surface of the brain were considerably distended :—there was under the arachnoid membrane, towards the posterior part of the brain and about the sagittal suture, an effusion of serous fluid—numerous minute florid vessels were observed throughout the pia mater.

The substance of the brain was, in general, softer than natural ; in making an incision through it many red vessels were cut across.—The lateral ventricles contained each about a dram of a reddish fluid, and their walls were more vascular than usual—the vessels of the third ventricle were remarkably distended with blood. Throughout the base of the brain the veins were excessively turgid and the red arteries very numerous.

The ophthalmic arteries were considerably enlarged.

Under the Tentorium Cerebelli and the spinal marrow, one ounce and a half of a reddish serum was discovered.

The abdominal viscera were sound.

The pericardium contained about two drams of a watery fluid.

The tricuspidal valves of the heart were thickened and slightly cartilaginous.

The body was examined by Mr. M'Namara, assisted by Mr. Hyde.

April; 1816.

MRS. ———, AGED 26—CAPEL-STREET.

The patient was extremely fat and had been exposed to the contagion of fever.

The first symptoms of the complaint were shivering, pain of head, great prostration of strength and soreness of the flesh; to these, delirium, restlessness, anxiety and præcordial oppression supervened.—I was not called in till the 9th day—the pulse was then 130, feeble and irregular; soreness was complained of on pressing the right hypochondre; there was acute head-ach and sense of distension about the vertex; the temples throbbed; the eyes were suffused, the respiration was laborious and the chest and abdomen were covered with petechiæ—in the course of that evening, delirium ferox came on; the delirium continued, though not with the same violence, till death, which took place on the 3d day after I visited the patient, and on the 11th of the fever.

APRIL 7.

On Dissection, much blood oozed from the external integuments of the head.—The dura mater, the superior surface and the base of the cerebrum, the cerebellum and the plexus choroides appeared remarkably vascular.—The substance of the cerebrum, on making an horizontal section, exhibited many distinct red points.—The arachnoid membrane was separated from the pia mater by a serous effusion generally diffused over the surface of the brain.

The right ventricle contained about half an ounce of a watery fluid, the left was covered with miuute red vessels.

The lungs were of a natural appearance; a calculous concretion was found in the middle lobe of the right lung.

Both lobes of the liver were enlarged, somewhat harder than natural and of a yellowish brick color, their substance, when cut into, was very vascular.

The stomach was enlarged and its coats were rather thicker than natural.

The dissection was performed by Mr. M'Namara, assisted by Mr. Wright.

August, 1816.

MASTER ———, AGED 9,—DOMINICK-STREET.

After exposure to contagious fever, complained of chilliness, head-ach, loss of appetite and general weakness; the face became flushed, the body hot, and the pulse frequent and feeble; there was throbbing of the temples, suffusion of the eyes, delirium, stupor, and finally there supervened petechiæ, imperfect vision, loss of speech and deglutition, and involuntary dejections.

Death took place on the 14th day of fever.

DISSECTION—August 9.

The dura mater was more vascular than natural; the veins on the surface of the cerebrum were extremely turgid; the glandulæ pacchionæ were more distinct than ordinary; the arachnoid membrane was separated from the pia mater throughout its entire surface, by a light yellow serous effusion. On cutting into the substance of the cerebrum and cerebellum, numerous red points were discoverable. The ventricles contained about six drams of a watery fluid; about one ounce and a half of a serous fluid was found at the base of the brain and in the theca spinalis.

The lungs and heart had a natural appearance; the pericardium contained about six drams of a yellowish serous fluid.

The abdominal viscera were perfectly sound.

Mr. M'Namara examined the body.

January, 1817.

MR. ———, AGED 35,—WATLING-STREET.

Of temperate habits, of a sanguine temperament, and subject to head-aches.

The first symptoms of fever were chilliness, lassitude, head-ach, loss of appetite, and prostration of strength;

these were followed by flushing of the face, intense heat of the head, low delirium, tremors of the hands and arms, hiccup, laborious respiration, and involuntary dejections; the pulse was frequent and intermitting; the tongue, teeth and gums were black and furred; there was deafness, loss of vision, difficult deglutition and paralysis of the lower jaw.

Death took place on the 23d day of the attack.

DISSECTION—January 20.

The dura mater was covered with minute florid vessels; The veins on the surface of the cerebrum were extremely turgid; between the arachnoid membrane and the pia mater, was lodged a quantity of yellowish serous effusion, observable chiefly at the sulci of the convolutions. On cutting through the substance of the brain, it was found dotted with numerous red points; there was about one dram and a half of a watery fluid found in the left ventricle, and about half an ounce in the theca spinalis and at the base of the brain; the cerebellum was highly vascular, and a serous effusion was visible upon its surface.

Both lobes of the liver were adherent to the diaphragm by long membranous bands, it was in size and texture perfectly natural, but its surface was highly vascular. The

lungs were adherent on both sides, to the walls of the chest; some gritty calculous matter was found deposited in cysts, near the margin of the superior part of the left lung; the substance of the lungs was of a natural appearance. There appeared throughout all the viscera a strong tendency to putrefaction.

The body was examined by Mr. M'Namara and assistant.

July, 1817.

MISS ———, AGED 21,—PETER-PLACE.

Of a sanguine temperament and sedentary habits—subject to head-aches and constipation of the bowels.

After exposure to the influence of contagion, laboured under fever, which commenced on the 24th July, and terminated in death, the 16th of August.

The symptoms were, chilliness, languor, confusion of ideas, head-ach, prostration of strength, loss of appetite, nausea, heat of skin, thirst, foul tongue, suffusion of the eyes, restlessness, delirium, petechiæ, tenderness of the abdomen, dyspnœa, sense of weight and pain in the vertex, flushing of the face, throbbing of the temples, imperfect

vision, and paralysis of the muscles of deglutition, and of the sphincters of the rectum and bladder.

DISSECTION—August 17.

The veins on the surface of the cerebrum were remarkably turgid; the arachnoid membrane was thickened to the extent of about three inches, along the line of the longitudinal sinus, assuming the appearance of a white raspberry; this membrane was raised from the pia mater by a considerable quantity of serous fluid, chiefly observable at the vertex; the lateral ventricles exhibited traces of vessels distended with serous fluid; about two ounces of a watery fluid were found in the different ventricles and at the base of the brain; the substance was somewhat firmer than usual; the arachnoid membrane, covering the cerebellum, was opaque and separated from the pia mater by serous effusion.

The colon was considerably distended with flatus, particularly at the arch;—stretching into the umbilical region, it had displaced the small intestines, and thrown a portion of the ileum into the epigastrium; the mucous and serous coats of its sigmoid flexure and of the rectum were thickened, and in some parts fleshy and dotted with numerous red eminencies; several portions of the mucous coat of the small intestines were highly vascular;—the spleen was gorged with blood.

The right lung adhered slightly to the mediastinum; about half a pint of a watery fluid was found in each cavity of the chest, and the pericardium contained about five drams of serous fluid.

Mr. M'Namara examined the body, assisted by Mr. Daly of Granard.

August, 1817.

MR.———, AGED 33,—COOK-STREET.

This patient was of a scrofulous habit, a melancholic temperament, was subject to lowness of spirits and head-ach, and had been affected with a curvature of the spine for 20 *years.*

Languor, chilliness, slight head-ach, and soreness of the flesh and bones were the first symptoms of fever; these were succeeded by prostration of strength, stupor, low delirium, heat, thirst, restlessness, involuntary dejections, a feeble irregular pulse, loss of the power of deglutition and imperfect vision.

Death took place on the ninth day of the illness.

DISSECTION—September 4.

The cranium was in all parts preternaturally thickened; there were several irregular protuberances and depressions

about the middle of the frontal bone, above the orbits. The dura mater was unusually vascular and adherent to the bone.

The arachnoid membrane was raised from the pia mater by serous effusion, anteriorly and chiefly in the course of the convolutions;—numerous florid vessels covered the surface of the pia mater, and its veins were dark and turgid. On cutting through the substance of the brain, it was found dotted with numerous red points. About two ounces and a half of a serous fluid were detected in the lateral ventricles; there was a serous effusion around the junction of the optic nerves under the arachnoid membrane, and increased vascularity was observable throughout the cerebellum.

There was a slight adhesion of the left lung to the mediastinum; several particles of calculous matter were found in the substance of the right lung, but unaccompanied by erosion or ulceration.

The abdominal viscera were sound.

Mr. M'Namara and Mr. Crump examined the body.

September, 1817.

MR. ———, AGED 26—MICHAN'S-LANE.

The patient was of temperate habits.

The fever commenced with shivering and head-ach, to which, succeeded heat, restlessness and delirium; the pulse became irregular and intermitting; petechiæ appeared on the body and extremities; an almost general paralysis came on with loss of speech, suffusion of the eyes and convulsive motions of the lower jaw and eye-lids—on the second day of the complaint there was a slight hemorhage from the nostrils.

Death took place on the eighth day of the fever.

DISSECTION—SEPTEMBER 3.

A serous effusion was observed between the arachnoid membrane and the pia mater, at the anterior portion of the cerebrum.—The pia mater had innumerable small vessels of a deep red distributed over its surface; some of the veins were as large as goose quills and were filled with dark blood. The substance of the brain was pretty natural as to consistence, but when cut into both the cortical and medullary substance was found dotted with numerous red points—there was some adhesion between the hemispheres anteriorly. The lateral ventricles contained about three drams

of a watery fluid, and the same quantity was found at the base of the brain and in the theca spinalis.

The cerebellum and the plexus choroides were highly vascular.

Mr. Crump examined the body, assisted by Mr. Dyas, Jun. Castle-street.

The above are twelve cases of Typhous Fever;—the debility, the head-ach, the derangement of the mental powers, and the petechiæ with which the body was covered, sufficiently determine the nature of the complaint—The dissections were conducted by Surgical Gentlemen of character, and the descriptions of the morbid appearances, taken down on the spot from their report, were confirmed by my own immediate examination.

These appearances were almost uniformly the same; vessels gorged with blood, extending themselves through the substance of the brain, overspreading its lining membranes, the dura and pia mater and the arachnoid coat, and effusions between these membranes and into the cavities of the brain. These are anologous to the changes observed in phrenitis, in hydrocephalus, in apoplexy, and similar to

those which are found in the cavities of the chest or abdomen, after a fatal pleurisy or peritonitis.

While we pronounce without hesitation, that in these cases, the changes are indicative of increased and inflammatory actions in the organs in which they are discovered, can we suppose in Typhous Fever, where analogous changes take place in the brain that the same disordered actions do not go forward ?—especially, since the appearances on dissection, by shewing the relation between the symptoms and the organic changes produced by disease, are explanatory of the phenomena.

It is true great debility occurs, but when the brain is oppressed and deranged by excess of action that consequence is to be expected, since the oppression is exerted on an organ which is the very source of muscular energy—and hence in the apoplectic where the oppression arrives at its height, the powers of the voluntary muscles cease altogether.

The effects of stimulating medicines in such a state of the brain must be to urge the blood with still greater violence on vessels already overgorged and to increase action in the exhalants which are disposed to inundate the cavities with their exuding fluids.

On the contrary, whatever lessens the strength of the circulation, the very same remedies which are administered in phrenitis, seem to be called for here—sedatives, purgatives and venesection, employed and repeated according to the state of the symptoms.

Such is the conclusion which, I think, the unprejudiced would draw, and it is supported by my experience and by that of practitioners who have adopted the practice in the present prevailing Epidemic.

Among other communications, I have been favored by Mr. Henry, Surgeon, who has the care of the Dispensary at Castlepollard, with an account of the Epidemic Fever, as it appeared in that town and its neighbourhood.

" The symptoms," he says, " were chilliness, pain in the head and back, low and quick pulse, weakness, petechiæ, delirium, stupor or heaviness in the head, foul tongue, thirst and restlessness. Recoveries generally took place from the 9th to the 13th day.

" Contagion appeared to be the cause as it attacked successively several in a family; my Apprentice and I blooded nine on the same day, in one family of the name of Walsh, two miles from Castlepollard, on the Estate of Thomas Webb, Esq.

"From the Dispensary Books, it will appear that there were about 200 ill of the fever, all of whom were blooded, and not one died; some were blooded three times, one of these was my Apprentice; the quantity of blood taken at each time, was from six to eight ounces from adults, less from children.

"The head was invariably relieved by each bleeding: I found that small and repeated bleedings were more effectual than large ones.

"I had several patients not on the Dispensary Books, and I treated them in the same manner, and with the same success: I also employed purgatives and sudorifics.

"The blood was seldom buffed but generally dense. The fever terminated sometimes by perspiration, but often without any sensible evacuation, with a return of sleep and appetite.

CASES

OF THE

EPIDEMIC FEVER,

WHICH HAS OF LATE PREVAILED IN DUBLIN.

August 26, 1817.

MR. ——, AGED 17,—GT. BRITAIN-STREET,

Complained of the usual febrile symptoms, characterised, by head-ach, chilliness, prostration of strength, heat of skin, thirst, restlessness, delirium, and a feeble frequent pulse. Convalescence took place on the 9th day of fever.

Venesection was twice performed; cathartics were daily exhibited, and, a blister was applied to the Nucha.

Mr. Shaw, Gt. Britain-street, blooded this Patient.

Towards the close of Sept. 1817, Mr. ——, aged 27, N. King-street, was seized with the present Epidemic, after eight days illness, was convalescent, but early in October,

relapsed, and died on the 12th day of the attack. During his second illness, (on the 6th day of which, I saw him, for the first time,) the symptoms were, cough, dyspnœa, pain in the chest and head, delirium, petechiæ, restlessness, thirst, involuntary dejections and loss of the power of speech and deglutition.

Venesection, blisters, sudorifics and cordials were the remedies employed.

This was a case of mixed fever, in which, the brain and lungs were the organs affected. An examination of the body was not allowed, but, from the symptoms, there is reason to suppose, that effusion into the cavities of the chest and head had taken place before medical advice was called for.

This patient was bled by Mr. Brannagan, a young Gentleman then living in Henry-street.

On the 16th Oct. 1817, Mrs.———, aged 23,—Grafton-st. supposed herself affected by a slight cold. On the 20th she was seized with shivering, pain in the head and back, and great prostration of strength;—the face was flushed, the skin hot; and, the tongue foul; the temples throbbed; there was intolerance of light, delirium, restlessness, a considerable uneasiness and fulness of the Abdomen.

On the 28th of October, she was convalescent. Aperients and blood-letting, general and topical, were the efficient remedies.

Epistaxis occurred on the 23d of October, and was followed by a considerable remission of fever.

On the 24th of October, 1817, I visited Miss ——, aged 21,—N. King-street, eight days ill of fever—the skin was hot and dry, the pulse weak, frequent and irregular, the tongue, foul and yellowish:—There was head-ach, delirium, restlessness and præcordial oppression: to these, succeeded pains and a sense of weight and soreness in the right hypocondrium and a jaundiced hue of the eye and skin.

Convalescence took place on the thirteenth day of fever.

Blood was twice taken from the arm by Mr. Heron, N. King-street. Calomel, in cathartic doses was repeatedly administered. Leeches were applied to the temples, and leeches and a blister, to the right hypochondre—Saline purgatives were frequently exhibited, and, diluents were taken, at pleasure.

Here, the brain and liver were affected, but the diseased actions of the latter were, either not evolved, or not com-

plained of, until the brain, the more sentient organ, was relieved.

On the 28th of October, 1817, Mr. ——, aged 29,—Dorset-street, first complained of head-ach, followed by the usual febrile symptoms. On the 15th November he was convalescent. The brain was much engaged throughout the entire of the attack On the ninth day of fever, petechiæ made their appearance upon the abdomen and thighs. On the 11th the internal fauces were lined with numerous small ulcers, covered with a cream-coloured slough. There was great prostration of strength, moaning, delirium, and stupor. The excretions passed off involuntarily, and, there was a spasmodic affection of the upper extremities.

Venesection was thrice performed; leeches were frequently applied to the temples and external fauces; blisters and cathartics were employed: calomel was given in large doses: gargles were used, and, towards the close of the complaint, cordials and anodynes seemed to afford considerable relief.

This fever, by many authors, would have been denominated putrid, petechial or malignant; and, bark, wine, camphor and cordials, would have been administered.

Great debility was present; but, this being the effect of congestion and increased action of the vessels of the brain, was removed by venesection, cathartics and the application of leeches to the temples. The superficial ulcers in the fauces depended on inflammation of the mucous membrane; the petechiæ, on excited and morbid actions in the extreme vessels; these and other symptoms, arising from the same source, yielded to their appropriate remedies. Mr. Armstrong's Assistant, Mary-street, blooded this patient.

MR. ———, AGED 27,—LEINSTER-ST.

Subject to head-ach aad indigestion.

Was neither so ill as to be confined to bed, nor yet so well as to be able to attend to business, from the 21st of October to the 5th November. At one time he complained of pain in his head, at another, of giddiness, heaviness, or, of confusion of ideas; the skin was, sometimes, of a feverish heat, and sometimes, cool; the tongue, whitish and moist; there was little thirst and no appetite. This gentleman was extremely apprehensive of an attack of the present epidemic.

Venesection was twice performed, and, he took aperients frequently.

VS. by Mr. Carroll, Nassau-street.

October 29, 1817.

A young Gentleman, in College, was attacked with shivering, head-ach, and a soreness of the flesh, followed by the usual feverish symptoms. On the 11th of November he was convalescent. Venesection was twice performed. Leeches were applied to the temples, and aperients and saline medicines were administered. Towards the close of the complaint a copious purulent discharge took place from the left ear. About ten years ago, on his return from Jamaica to Europe, this Gentleman suffered from intense head-ach, the consequence of a coup dc soleil, and has, ever since, been subject to pain and various uneasy sensations in his head. He was blooded by Mr. Adams, Parliament-street.

November 8, 1817,

MR. ———, AGED, 46,—THOMAS-ST.

Of a sanguine temperament and subject to head-aches.

Three days ago, after a fit of intoxication, was suddenly seized with vertigo, head-ach and high delirium. Leeches have been applied to the temples and active cathartics administered.

Pulse 124, hard and irregular, skin hot and moist, tongue foul, tremors of the hands and arms, restlessness, false vision, delirium.

Detrahantur ex arteriâ temporali, sanguinis unciæ duodecim. Mist. Cath.

November, 9, head-ach, delirium and fever abated.

M: Cath.

Nov. 10, Convalescent.

Fevers of this description, if mismanaged, often terminate in Apoplexy or Mania.

Mr. Madden, James's-street, took blood from this patient.

MRS. ———, AGED 30,—THOMAS-ST.

Subject to stomach and bowel complaints, and to head-aches.

Complained on the 28th of October, 1817. of head-ach, confusion of ideas, nausea, vomiting and pain of the back; to these succeeded the common febrile symptoms.

On the 5th November, she miscarried—on the 18th, was convalescent.

The stomach and bowels, throughout the illness, were extremely irritable, and pressure of the epigastrium caused much uneasiness.

Blood was twice taken from the arm and twice from the temples. Fomentations were applied to the abdomen and cathartics, daily exhibited

Here, fever had its seat, partly in the head and partly in the alimentary canal.

V.S. by Mr Madden.

November 14, 1817.

MR. ——, AGED 54,—GLOSTER-ST.

Of a full plethoric habit.

Was eight days confined to bed—the symptoms were, chilliness, a dull pain and fulness of the head, confusion of ideas, loss of appetite, low delirium, thirst, restlessness, cough and sudden heats throughout the body.

Convalescence took place on the 9th day of fever, after the full and free operation of cathartics combined with antimonial powder.

November 10, 1817,

MR. ——, AGED 31,—UPPER DOMINICK-ST.

Of a delicate frame.

Arrived in town, a week ago, from Dundalk, where he was much exposed to the contagion of fever, and, where

he complained of uneasiness in the head, lowness of spirits, diminished appetite and disturbed rest—his mind has been for some time dejected, impressed with the idea that he would fall a victim to this malady.

There is low delirium, head-ach, restlessness; dark-coloured petechiæ appear upon the breast and abdomen; the expression of countenance is fatuous, the speech imperfect, the pulse 146, the skin hot and dry; the fæces are yellowish and the urine is high coloured.

Leeches have been applied to the temples, and aperients and saline medicines have been administered. V.S. 8 oz. En. Purg. Cal. ɔi in p. iv.

Nov. 11, relieved by the venesection and calomel.

12, Head-ach and fever continue. Hirud, xx. temporibus.

13, Some rest, appearances more favourable. M. Cath.

14, Fever abated—Cal, cum P. Antimon.—M. Cath.

16, Convalescent,

I visited this patient with Dr. Doyle of Dorset-street.

November 14, 1817.

MR. ———, AGED 26,—GRAFTON-ST.

Of a sanguine temperament—subject to bilious head-aches and indigestion.

Fourteen days ill of fever, occasioned by exposure to the inclemency of the weather and to contagion—eight days confined to bed.

The symptoms at the onset, were, heaviness of head, languor, chilliness and pain in the back, followed by epistaxis and the common febrile symptoms,—at present, there is apoplectic stupor, the speech is imperfect, there are convulsive tremors of the extremities, the pulse is frequent, irregular and intermitting, there is subsultus tendinum, delirium, suffusion of the eyes; the temples throb, the abdomen is tympanitic, the excretions are involuntary, and purplish petechiæ are visible on the body. Sudorifics and cathartics have been exhibited, and a blister has been applied between the shoulders.

Detrahantur ex Arteria temporali, sanguinis unciæ octo. P. Cath. ex. Cal. Jalap. et Scammon. En. Tereb.

Nov. 15, The blood was taken from the arm, immediately afterwards, he was able to express his feelings and to raise a cup to his lips;—pulse full and regular; complains of pain and weight of the head.—Hirud: x x. temporibus.

Cal. ɔi in p. ȝ M. Cath. ex oleo Ricini et Tereb.

16th, yesterday evening, on a return of coma, accompanied by spasmodic twitchings of the muscles of the extremities and by flushing of the face, the temporal Artery was opened by Mr. Shannon—the intellect became clearer and he was able to move himself a little in the bed.—Considerable uneasiness on pressing the abdomen; difficult deglutition, frequent vomiting; stupor; tremors; subsultus tendinum.

Hirud: x temp: Cal. gr. x. 3 iis horis.

En. Tereb:—Vesic. Abdomini.

17th. Low delirium; hiccup; rejection of the drink; moaning; sighing; involuntary dejections; coma; pulse intermitting.

Vesic. Capiti abraso.

18th, Died last night.

DISSECTION—Nov. 19, 1818.

Large intestines distended with flatus. Different portions of the serous coat of of the Ileum are loaded with venous blood; in the lining coat of these portions are numerous minute florid vessels covered with mucus deeply tinged with blood—three small patches of the colon exhibit the like appearances, internallyand externally.

The mesentery contiguous to the diseased parts of the intestines is preternaturally vascular.

One patch, about the size of a dollar, between the two orifices of the stomach, appears as if injected, and, throughout the entire lining membrane of this organ, there is a blush of redness. Spleen, larger than natural and dotted with brilliant red spots; cut into, highly vascular—on its lower extremity is a small cluster of red elevated capillary vessels.

Slight adhesion between the pleura pulmonalis and costalis of the left side.

The Pericardium contains about two ounces of serous fluid tinged with blood. Pia mater, preternaturall yflorid and vascular. Between the Tunica Arachnoidea and Pia Mater, a serous effusion is perceptible, especially about the convolutions of the hemispheres. About two ounces of a watery fluid are found in the lateral ventricles and at the base of the brain—Plexus Choroides, pale—Cerebellum, surface, preternaturally vascular—Substance of the brain, when cut into, appears dotted with numerous red points.

OBSERVATIONS.

I paid my first visit to this patient on the fourteenth day of fever—the head-ach, apoplectic stupor, low delirium, epistaxis, throbbing of the temples, &c. indicated excitement and compression of the brain and the necessity of early depletion.

On dissection, the vessels of the Pia Mater appeared very numerous and florid: a serous effusion was discovered between this membrane and the tunica arachnoidea, and a considerable quantity of a watery fluid in the ventricles and at the base of the brain, the substance of which was dotted with several red points. The good effects of the bleeding, were, on the 14th day, remarkable—the power of speech, deglutition and motion, was, for a time, restored, and the intellect was less clouded, but, effusion had taken place, and a cure was impossible.

Different portions of the lining membrane of the stomach, colon and small intestines appeared as if injected, and some of these portions were covered with mucus tinged with blood; appearances, which account for the vomiting, the pain, and the uneasiness felt in the Abdomen. A large quantity of reddish serum was found in the pericardium.

Did this proceed from the exhalants of the heart or pericardium?

The dissection shews that this was a case of mixed fever, seated, chiefly in the brain and partly in the alimentary canal, and that it consisted essentially in inflammation.

The dissection was performed by Mr. Hyde of York-street, assisted by Mr. Daly and Mr. Shannon.

November 20, 1817.

MISS ———, AGED 24,—TOWNSEND-ST.

Of a phlegmatic temperament and subject to indigestion and head-aches.

Nineteen days ill of fever—seven confined to bed—the complaint commenced with lassitude, a feeling of fatigue and weariness on slight exertions, lowness of spirits and confusion of ideas; to these succeeded shivering, pain of the head, nausea, soreness of the flesh, frequency of pulse, heat of skin, thirst and prostration of strength,—epistaxis took place on the ninth day of fever, and about nine or ten ounces of blood were thus lost—on the 11th eight ounces were taken from the arm, with good effect.

Cathartics and other remedies have been prescribed. Pulse 122, feeble and irregular; countenance lurid: weight and uneasiness of the head; eyes suffused; heat of skin moderate; fœces green; tongue foul and yellowish; soreness on pressing the epigastrium: some difficulty in speaking and swallowing.

Hirud xx. temporibus.

Cal ɔi in p. iv.—En. Purg.—H. Cath.

Nov. 21, head easier; moaning; low delirium; no urine nor fæces passed since yesterday; mucus tinged with blood, apparently thrown up from the stomach; pulse intermitting; vomiting; extremities cold. Vesic. Regioni Epigast. Cal. cum Scam.—En. Purg. Fotus abdominis.

Nov. 22, Tossing of the arms and legs; screaming and moaning; throwing back of the head; involuntary excretions; countenance vacant; eyes fixed and staring; difficult deglutition; loss of the power of speech; pain on pressing the epigastrium.

Vesic. Capiti abraso—En. Tereb.

Died during the night.

DISSECTION—Nov. 23.

There is a serous effusion between the arachnoid membrane and pia mater, especially on the left hemisphere.

The vessels of the pia mater are turgid with blood. More red points than usual are observed on cutting through the substance of the brain—Plexus Choroides, highly vascular; about half an ounce of a watery fluid is discovered in the lateral ventricles and at the base of the brain.—The lining membrane of the cerebellum is more vascular than natural. Spleen preternaturally soft.—Stomach; lining membrane, in some parts, of a florid red and covered with a viscid mucus of a purplish colour. The remaining abdominal and the thoracic viscera are of a natural appearance.

OBSERVATIONS.

It appears from this case of fever and several others I have witnessed, that the mildness of the symptoms, at the

onset, does not always prognosticate a favorable termination—in such cases effusion goes on unaccompanied by any acute symptom, and hence, the surprise of the friends of the sick, and sometimes of practitioners, at their fatal termination.

Towards the close of the complaint, the moaning, tossing of the arms, screaming and throwing back of the head, indicated the existence of hydrocephalus, which was fully proved by the subsequent examination.

On the 9th day of fever, epistaxis took place, and considerable relief was obtained by this evacuation—this circumstance and the heat, weight and pain of the head shewed that the vessels of the brain were excited and that depletion was necessary.

Mr. Donovan of Townsend-street, following the suggestions of nature, employed venesection and administered cathartics; but, as effusion had taken place, these remedies and the subsequent application of leeches, only served to mitigate the sufferings of the patient, and to lessen the quantity of effused fluid. Shortly before death, there was considerable tenderness of the epigastrium, accompanied by frequent vomiting; and mucus tinged with blood was thrown up, apparently from the stomach. On dissection its lining membrane was covered with a similar matter and exhibited marks of inflammation.

The body was examined by Mr. M'Namara, assisted by Mr. Hyde and Mr. Daly.

November, 1817.

MISS ——, AGED 14,—LURGAN-ST.

Was for several days extremely apprehensive of fever, especially while passing the house of a Lady ill of the present epidemic. On the 14th inst. on her return from school, she ran anxiously by the door; a few hours afterwards she complained of pain and heat of the head, throbbing of the temples and prostration of strength; the pulse became frequent; the skin hot and dry and the tongue foul—there was restlessness and low delirium.

On the 15th she took an aperient—on the 16th eight ounces of blood were taken from the arm, the day following leeches and cathartics were prescribed. On the 18th she was convalescent.

The apprehension of fever, in this instance, would appear to have acted as its exciting cause.

November 14, 1817.

MR. ———, AGED 33,—MOORE-ST.

Was seized with the usual symptoms of fever—shivering, pain of the back, nausea, prostration of strength and soreness of the flesh.

On the 24th inst. convalescence took place unaccompanied by any critical evacuation.

During the first six days of his illness, blood was twice taken from the arm by Mr. Daly of Henry-street, and cathartics were administered:—on the 7th, twenty leeches were applied to the temples.—A troublesome cough and an erysipelas of the face accompanied this attack.

MISS ———, AGED 27,—DOMINICK-ST.

Of a bilious habit.

Complained on the 16th Nov. 1817, of chilliness, headach, soreness of the flesh and vomiting of a bitter fluid, yellowish and greenish.

On the morning of the 18th an emetic was prescribed, and in the evening of the same day an active cathartic; this was repeated on the 19th—several morbid bilious discharges were procured, and on the 20th November she was convalescent.

November 1817.

I attended in the neighbourhood of town, four persons in the same family, ill of the prevailing epidemic, two boys aged 14 and 12, and two girls, aged 10 and 7.

In the first case the fever lasted 16 days, in the 2d, 3d, and 4th, about a week, and this may be ascribed to the different periods at which active measures, viz. blood-letting and cathartics were employed—in all, the brain was the organ chiefly engaged, and when this was relieved the febrile symptoms subsided. In the girl of ten years of age the fever was accompanied by violent spasmodic attacks of the stomach, œsophagus, neck and head, and they continued for several days after the cessation of fever. They seemed to depend on the presence of worms in the stomach, and yielded finally to the use of calomel, cathartics and the oil of turpentine.

MR. ———, AGED 23,—LOWER JAMES'S-ST.

Of a full and plethoric habit of body, and subject to vertigo and head-aches.

Complained on the 14th Nov. 1817, of head-ach, shivering, vertigo, pain of the back, præcordial oppression—these were followed by the usual feverish symptoms.

During the first ten days he was blooded, once from the arm and twice from the temporal artery by Mr. Madden* of James's-st. and so great was the benefit he derived from this remedy that he requested the bleeding might be repeated. Leeches were applied to the temples and blisters to the nape of the neck and between the shoulders. Cathartics and saline medicines were frequently exhibited. On the 11th day of fever the head was free from pain, but there was a considerable degree of mental anxiety occasioned by the apprehension of death; there was palpitation and oppression of the heart; the rest was disturbed by frightful dreams, and on waking there was a sense of sinking and faintishness; the intellect was tolerably clear; the pulse varied in strength, frequency and regularity; the fæces were greenish or yellow, and the urine deposited a pink-coloured or whitish mucous sediment.

These symptoms continued with varied violence ten days; they yielded gradually to the use of cathartics, calomel, opiates, blisters and the application of leeches to the temples.

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* I am authorised by this gentleman to state that he has employed the Lancet in more than one hundred cases of the present Epidemic, with decidedly good effects; and, at one dissection at which he assisted, the dura mater was found covered with a net-work of vessels; the sinuses of the brain were gorged with dark blood, and, about four ounces of a clear gelatinous fluid were detected in the ventricles.

After repeated fits of intoxication, Mr. ——, aged 44, Golden-lane, was seized on the 1st Decr. 1817, with shivering, head-ach and pain in the back, followed by delirium, thirst, restlessness; at times the paroxysms of delirium were very violent—the pulse varied in strength, frequency and regularity—Mr. Wright, Great Ship-street, prescribed cathartics and other medicines with temporary advantage. On the 8th Dec. eight ounces of blood were taken from the temporal artery, ; for several hours afterwards, the delirium and fever considerably abated. During the night of the 6th and the morning of the 7th the delirium became maniacal; recourse was again had to Arteriotomy; active cathartics were administered and the head was shaved. On the 3d of December he was convalescent.

This patient was subject to vertigo and head-ach, arising from the use of fermented liquors.

December 1, 1817.

DR. G———, AGED 26,—ANGLESEA-ST.

Comp lained of shivering, heaviness and pain of the head, loss of appetite, soreness of the flesh, and pain of back; the pulse became frequent and feeble, the skin hot and dry and the tongue foul—Cathartics were fully admi-

nistered on the 4th, 5th and 7th days of fever without affording any material benefit.

On the morning of the 8th six ounces of blood were taken from the arm ;—some temporary ease was obtained by this evacuation. During the evening of the same day eight ounces were taken from the temporal artery, and in the night, from the accidental removal of the bandage, the patient supposed he lost about four or five ounces.

On the morning of the 9th there was a considerable abatement of head-ach and fever ; during the evening of this day, in consequence of a return of head-ach and fever, about three or four ounces of blood were drawn from the temporal artery—rest followed.

On the 10th there were symptoms of convalescence ; indeed, the patient considered himself so well that he wrote a letter to one of his friends—the consequence was, a recurrence of the head-ach and fever. Arteriotomy was again performed and nine ounces of blood were abstracted—this was followed by composed rest.

On the morning of the 11th he awoke free from fever. Cathartics were daily administered, and three days afterwards he was able to walk about his chamber.

Dr. Browne attended this Gentleman.

December 1817.

MR. ——, AGED 27,—GRENVILLE-ST.

On exposure to fatigue and contagion, complained of languor, chilliness, nausea, frequent vomiting and uneasiness and pains throughout the stomach and bowels augmented by pressure—these were followed by heat of skin, frequency of pulse, thirst, restlessness, confusion of ideas, and dun-coloured petechiæ upon the abdomen. Convalescence took place on the ninth day of fever, after the removal of large quantities of morbid fecal and bilious matter.

The treatment consisted in repeated fomentations of the abdomen, in the daily exhibition of mercurial and saline purgatives and in the use of diluents.

In this instance fever had its seat in the stomach and bowels.

December 11, 1817.

MR. ——, AGED 39,—CUMBERLAND-ST.

Was suddenly attacked, after exposure to cold, wet, and contagion, with pain in the head and prostration of strength, followed by chilliness, soreness of the flesh, heat of skin, frequency of pulse and restlessness.

On the 16th Decr. he was convalescent, and on the 19th was able to go abroad.—Venesection was performed by Mr. M'Namara, York-street, on the 12th and 14th of December, and cathartics were frequently exhibited—In this case of brain or typhous-fever, the early employment of active remedies cut short the disease and preserved the strength of the patient.

MR. ———, AGED, 34,—ORMOND-QUAY.

Of a gouty bilious habit.

Complained on the 5th December, 1817, of shivering head-ach, nausea and vomiting:—to these, succeeded heat of skin, thirst, restlessness, præcordial oppression, sighing, delirium and petechiæ.

Blood-letting, general and local was twice employed by Mr. Sohan, Westmoreland-street, during the first six days, and with relief of the head-ach and fever—Aperients were often exhibited and the saline draught was taken at pleasure.

On the abatement of fever, spasms and fugitive pains of the lower extremities set in, accompanied by languor and by frequent vomiting, especially on going to chair—

the matter rejected was, at one time, a viscid mucus, at another, a bitter fluid, greenish or yellowish—the fœces became of an orange or red color, and, the urine deposited a copious pink-colored sediment—pain was felt on pressing the epigastrium, different uneasy sensations referred to the stomach and nerves, were complained of; some enlargement of the left lobe of the liver was discoverable. By the application of leeches and a blister to the epigastrium, and by the use of mercurial cathartics, aromatics and mild bitters the patient was restored to health.

Here typhous or brain-fever attacked a gentleman predisposed to Gout and labouring under a derangement of the hepatic system; this may serve to account for the anomalous symptoms which occurred during the course of the illness.

December 16, 1817.

MR. ———, AGED 31,—SWIFTS-ROW.

Of a delicate frame and very apprhensive of an attack of the present epidemic.

Complained of fatigue and lassitude on slight exertion, of loss of appetite, lowness of spirits, confusion of ideas, and a sense of weight and uneasiness in the head; the heat

of the skin and the frequency of the pulse were not much above the natural standard—the bowels were confined, the tongue was coated with a whitish mucus and the rest was broken—in the course of a week the complaint was removed by abstinence and cathartics.—Fever in this instance, was not characterised by any urgent symptom—the brain was the organ engaged, as appears from the disturbance of the animal functions.

December 12, 1817.

MISS ——, AGED 34,—BISHOP-ST.

Of sedentary habits, and subject to indigestion, head-ach and lowness of spirits.

Was seized with a violent fit of shivering, followed by pain and heat of the head, suffusion of the eyes, and the usual febrile symptoms.

On the 17th, eight ounces of blood were taken from the arm by order of Dr. Morgan—head-ach and fever abated.

On the 22d, in consequence of a return of the pain of head accompanied by throbbing of the temples, by stupor, delirium and petechiæ, eight ounces were taken from the temporal artery with sensible relief.

Convalescence took place on the 29th December—cathartics were daily exhibited.—Blisters, camphor-julep, volatile alkali and the saline draught were prescribed.

A considerable degree of depression of spirits attended this attack, originating in a peculiar temperament of mind and in a disturbed state of the digestive functions.

23*d January*, 1818.

MISS ———, AGED 24,—WILLIAM-ST.

Five days ago after violent exercise, complained of lassitude, diminished appetite, nausea, disagreeable risings from the stomach, bitter taste and a sense of fulness and uneasiness in the abdomen, to these succeeded chilliness, fugitive pains in the back, loins and in both hypochondres, restlessness, thirst, confusion of ideas, petechiæ and great prostration of strength—the fæces were, at one time, dark, at another, orange-colored: the urine deposited a lateritious sediment, the face was of a mahogany hue, considerable uneasiness was felt on pressing the epigastrium, and there was frequent crying and sobbing.

This young lady was subject to indigestion and hysteria, arising from irregular actions in the liver, induced by anxiety of mind.

Calomel was given in large doses, fomentations were applied to the abdomen, saline aperients were daily administered, and occasionally, volatile Alkali and the Camphor-Julep.—Convalescence took place on the 6th of February.

There was nothing remarkable in this case of Hepatic Fever, if we except the frequent crying and sobbing with which it was accompanied—these symptoms may be called anomalous, as they do not properly belong to fever; and, like all other anomalous symptoms may be traced to some peculiarity of temperament and constitution, and, to the diseases to which the patient was previously subject.

During the month of February 1818, I visited in the house of a respectable trader on the Coombe, seven persons attacked with the present Epidemic.

The first was a young lady about 20 years old—the symptoms were chilliness, heaviness of the head, soreness of the flesh, cough, fugitive pains in the chest, restlessness, thirst, frequency of pulse and a morbid state of the excretions.

By the aid of cathartics and diluents the pectoral and febrile symptoms subsided in the course of five days.

The second was a Gentleman about thirty years old, subject to bilious head-ach.

The symptoms were acute head-ach, throbbing of the temples, intolerance of light, delirium, vomiting, pain in the back and loins, petechiæ, a feeble, irregular, frequent pulse, and a pungent heat of the skin.

Convalescence took place on the tenth day of fever.—Blood was thrice taken from the arm and aperients were given every eighth hour.

The day after convalescence hiccup came on and continued with little remission for nearly twenty-two hours—it was accompanied by considerable uneasiness in the epigastrium, and at one time was so violent as to raise and shake the body. Venesection, the application of a blister to the region of the stomach and an anodyne draught removed this formidable symptom.

The subject of the third case was a boy four years old—there was considerable pain and uneasiness in the abdomen augmented by pressure; the fæces were dark and olive-coloured; the urine was red; the tongue black in the center

and yellow at the edges; the head was confused; the heat of skin pungent. There was præcordial anxiety, restlessness and nausea.

Venesection, laxatives, fomentations and a blister to the abdomen were the remedies employed. Convalescence took place on the 6th day of fever.

The 4th person attacked was an apprentice about thirteen years old. The pain of head was acute, the eyes were suffused, the face was flushed, there was great heat and redness of the skin, there was intolerance of light, delirium, constipation of the bowels attended by petechiæ, anxiety, sighing and great prostration of strength.

Convalescence took place on the seventh day of fever.—Blood was twice taken from the arm—aperients were given every sixth hour.

The 5th was a maid-servant of a full and plethoric habit and subject to head-ach and indigestion.

Shivering, pain of head, nausea, vomiting, foulness of the tongue, throbbing of the temples, suffusion of the eyes, pungent heat of skin, insatiable thirst, soreness in the hepatic region, tar-coloured fœces and orange-coloured urine were the principal symptoms. Mercurial and saline

cathartics were given every twelve hours—blood was twice taken from the arm. Convalescence took place on the 6th day of fever.

In the 6th instance, the symptoms were chilliness, lassitude, nausea, soreness of the flesh, vertigo and heaviness of the head, fugitive pains and soreness in the chest accompanied by cough, mucous expectoration, frequency of pulse and heat of skin. In the course of five days fever subsided by the use of diluents and aperients.——A Girl of twelve years of age was the subject of this attack.

The seventh and last person affected was the proprietor of the house, aged about thirty-two and subject to stomach and bowel complaints arising from some irregularity of the bilious secretion—Nausea, vomiting, uneasiness, sense of heat, and occasionally, shooting pains in the region of the stomach and liver were the urgent symptoms—the pulse was frequent, feeble, irregular; the tongue foul and yellowish; the thirst urgent; the taste vitiated, and the excretions were morbid. The fever yielded on the 4th day to venesection, blistering, cathartics and the sedative regimen.

Mr. Aston, Meath-street, or his Assistant, attended this family. In the 1st and 6th of the seven cases now related fever had its seat in the mucous surface of the bronchiæ and lungs; in the 2d and 4th, in the brain—in the 3d, in the

bowels—in the 5th, in the liver and brain—in the 7th in the liver.

March 1, 1818.

MR. ——— AGED 33, —CAPEL-ST.

Of a melancholic temperament, and subject to considerable derangement of the hepatic functions.

Was seized four days ago, after an unusual indulgence in the use of wine, and exposure to cold and wet, with shivering, followed by vomiting, head-ach, soreness of the flesh, loss of appetite, delirium and restlessness—the pain of head at present is acute; there is throbbing of the temples; suffusion of the eyes; a sense of a sudden gush of blood occasionally towards the occiput; præcordial oppression; frequent sighing; extreme debility and a pulse 126, feeble and irregular.—Mr. Eaton, Henry-st. prescribed active cathartics with good effect.

Hirud: xx temporibus. Pil: Cath: H. Sal.

March 2, Temporary ease from the application of the leeches—four dejections, greenish and fetid; urine turbid and deposits a copious lateritious sediment—restlessness; delirium; sighing; pulse 120, feeble; soreness on pressing the epigastrium.

M. Cath.—Vesic.m. regioni epigast.—Cal.gr. v. 4tis horis—V.S. 8 oz.

6 o'C. P.M.: Considerable abatement of head-ach and fever for four hours after the bleeding—at present the pain is acute accompanied by throbbing of the temples, heat of skin and præcordial oppression.

8 oz. ex Arteria temporali. M. Cath.—rep: Cal. ad gr. tria 4tis horis.

March 3d, Pain of head and fever almost removed, fœces of a yellowish green, urine deposits a pink-coloured sediment; eye and skin of a deep yellow.—M. Cath.

March 4th, Convalescent.

6th—Able to walk about his chamber.

On the 9th he had a relapse—symptoms, head-ach, soreness of the flesh, loss of appetite, debility and great apprehension of death. M. Cath.

* 8 oz. ex arteria temporali.

March 13th, Convalescent.

* As often as the inflammatory symptoms recur in the organ primarily affected, or are developed in any other, we must not be deterred from repeating blood-letting, either by the dread of inducing debility, the apparent weakness of the patient's pulse or the apprehenions of his friends; firmness is here requisite, both to save his life and preserve the character of the remedy, and whoever does not possess sufficient to overlook minor considerations and act with decision cannot be said to have given blood-letting in fever a fair trial.

In this instance fever had its seat in the brain and liver, and both these organs had been previously much disturbed in their functions. The jaundice did not arise from any obstruction of the biliary ducts as the fæces were deeply tinged with bile, but from an oversecretion and absorption of this fluid.

A too early attention to business caused a relapse, but the complaint was speedily removed by opening the temporal artery and by the use of cathartics.

March 15, 1818,

I was called on to visit a Gentleman about forty-five years old, in the neighbourhood of Parliament-street, affected with the following symptoms—pain and heaviness of the head; suffusion of the eyes; delirium; frequent sighing; great prostration of strength; dark-coloured petechiæ upon the breast and abdomen; frequency and weakness of the pulse; foulness of the tongue; cough; hurried respiration and fulness and tension of the abdomen.

Eight ounces were now taken from the arm by Mr. Leech, Parliament-street; an active cathartic was administered, and a blister was applied between the shoulders.

On the 16th, the symptoms were not so violent, the blood was buffed and the fœces were dark-colored.

In the evening of this day venesection and the cathartic were repeated and a blister was applied to the breast. On the 17th the fever was much abated;—the blood was buffed, and the fœces were olive-coloured. Calomel in large doses was administered.

On the 19th the head was free from pain, the petechiæ were scarcely visible, the pulse was eighty and soft, the skin cool, the tongue moist, and there was a return of rest and appetite.

The average quantity of blood taken from adults, at each bleeding, was about eight ounces.— In some cases, volatile alkali, camphor, Hoffman's liquor, anodynes and fermented liquors were occasionally administered.

In the majority of the patients, whose cases I have thus briefly stated, the brain was the organ primarily and principally engaged, but the disorder had sometimes its seat elsewhere—in the liver, the lungs or the alimentary canal.

A few cases were of a mixed nature, but in all the symptoms indicated increased or inflammatory actions in the organ or organs diseased, on the removal of which fever subsided; and this difference, with regard to the seat of fever, depended much on the season, but more on the constitution and previous habits of the patient—it appeared on enquiry that the organ affected had been, for the most part, subject to some irregularity of its functions, and thus it was rendered liable to be influenced by the usual exciting causes—sudden changes of the weather, night-watching, violent exercise, intemperance and contagion.

The prevailing epidemic, therefore, if we can form any judgment of its nature from the cases before us, does not appear to be marked by any peculiar or characteristic symptom, or, to differ in its causes, progress or termination from the fever which usually prevails in this city; neither has the mode of treatment, which I have found most successful at other periods and seasons, ceased to be so in this fever.

In some of the cases here given, blood-letting was not employed because the symptoms being mild, yielded readily to aperients, diluents and the sedative regimen.

Catarrh, when mild, also yields to the same mode of treatment, so do enteritis, phrenitis and similar complaints. But the nature of all these diseases is the same, namely inflammatory, and when the symptoms are urgent, recourse must be had to more efficacious remedies. We are not therefore, to conclude, that the principle on which blood-letting has been recommended in fever, is ill-grounded, although cases occasionally occur in which this evacuation may not be requisite..

In most instances I have had recourse to blood-letting; and practitioners, in the treatment of typhous-fever, pretty generally agree on the safety and utility of this evacuation, though a difference subsists as to the mode of employing it, some preferring general blood-letting, others, topical. The advocates for the latter consider, that more benefit and less debility will follow the application of leeches, cupping, opening the temporal artery or jugular vein, all of which they class under the head of topical blood-letting than opening a vein in the arm.

Now, the principal object in brain-fever, as in phrenitis and the first stage of hydrocephalus, is to diminish the

tone and activity of the vessels and change their condition and mode of acting—Leeches and cupping may fail to produce this effect, because their operation is slow and uncertain, even, though a greater quantity of blood be taken away than by the lancet. I have many times witnessed the most decided advantage from the abstraction of eight or ten ounces of blood from the temporal artery or jugular vein, but much oftener from an equal or even a smaller qnantity taken from the arm.* And this mode of depletion is more practicable than the former and not liable to the same objections. Moreover, is not taking blood from the jugular vein, or temporal artery as properly denominated general blood-letting as taking it from the arm? and as arterial blood possesses more vitality than venous, does it not follow that if debility is to be apprehended, its abstraction must produce this effect in a still greater degree?

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* Dr. Cheyne, in his valuable report of the Hardwicke Fever Hospital, states that he has practised blood-letting in fever in a very great number of cases, and found it a remedy of the greatest efficacy. (See Dublin Hospital Reports.) Dr. Henry Douglass has authorised me to say that in the Penitentiary, Brunswick-street; appropriated to the reception of fever patients, he has used the lancet in upwards of 200 cases, of the present epidemic, and has not reason to regret it in a single instance—Dr. Mollan, of the Temple-Bar Dispensary, has tried blood-letting in between 40 and 50 cases of the fever, and one only proved fatal, where the remedy was fairly and seasonably employed.

Th etruth, however, is, that a restoration of strength and not debility, follows depletion when the brain is over-excited, because the cause which produced debility is removed.

But, why trust to local blood-letting in brain-fever, and not in Phrenitis? or, why so fearful of debility in the one disease and not in the other?—in both, the affection is inflammatory; both yield to the same remedies—there is great prostration of strength in both these disorders, but this is the effect of over-excitement—therefore, the method best calculated for subduing febrile actions and restoring strength in phrenitis, viz. the early and judicious employment of the most efficient evacuants, should be adopted in brain-fever; these, indeed, possess no specific powers, for, if effusion take place all remedies will prove fruitless; from the violence of fever in some instances, and the disposition to inflammatory action in others, this is no rare occurrence, even at an early period of the disease, sometimes before the patient is confined to bed, or medical advice is called for.

I shall now close what I had to offer by a few observations on the phrase "determination of blood," so often employed by physicians, who attribute the pain, heat, weight and nneasiness felt in different organs during fever, to such determination; and, while they allow the application of

leeches and blisters for the relief of the affected parts, they regard this as a secondary object, the affection itself being but secondary, the consequence of febrile actions in the vessels of the system at large—where fever is seated or in what it consists, are points on which they declare themselves incompetent to decide.

May we now ask, can there be a determination of blood to any organ as a consequence of the febrile actions of the general system?

The heart and blood-vessels transmit the blood; each organ is supplied with a regular determinate quantity, proportioned to its wants, the importance of its functions and the quantity of the circulating mass—where general plethora exists, there is an increased fulness of the vessels of every part and organ, and the reverse takes place where there is a deficiency of blood.

But, where lies the power of transmitting to different organs, at different periods, a preternatural quantity of blood?

The heart and blood-vessels are the great movers and conduits of the circulating mass.

Does the power lie here? this is not admitted by any physiologist, nor is it consistent with reason or the laws of

the animal economy. How then, are we to account for the pain, the throbbing, the sense of weight or fulness felt in fever in different organs ?

In the same manner and on the same principle as in catarrh, enteritis, phrenitis,—in these diseases local inflammation exists, and the general febrile actions are the consequence of such local inflammation; so is it with fever, and this I have endeavoured to shew from an examination of its causes and phenomena, from the effects of venesection and from the appearances exhibited on dissection.

Thus, fever is essentially the same, depending on local inflammation; it has, indeed, its varieties and modifications, these depend, in a great measure, on the exciting causes, but still more on the patient's temperament of mind and body, and on the diseases with which he was previously affected.

THE END.

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3, Suffolk-St. Dublin.

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Mills, Thomas

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